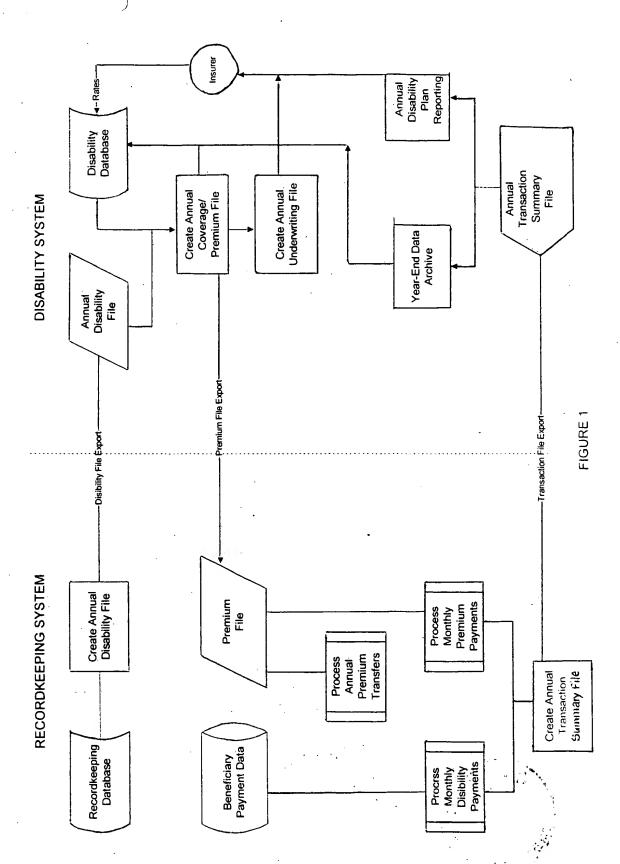
Title: Method and System for Providing ...
Attorney Name: Richard H. Zaitlen
Tel.: (213) 488-7100 Docket No.: 18680-250518
Sheet 1 of 4





### PILI SRIIRY WINTHROP LLP

Title: Method and System for Providing ... Attorney Name: Richard H. Zaitlen
Tel.: (213) 488-7100 Docket No.: 18680-250518
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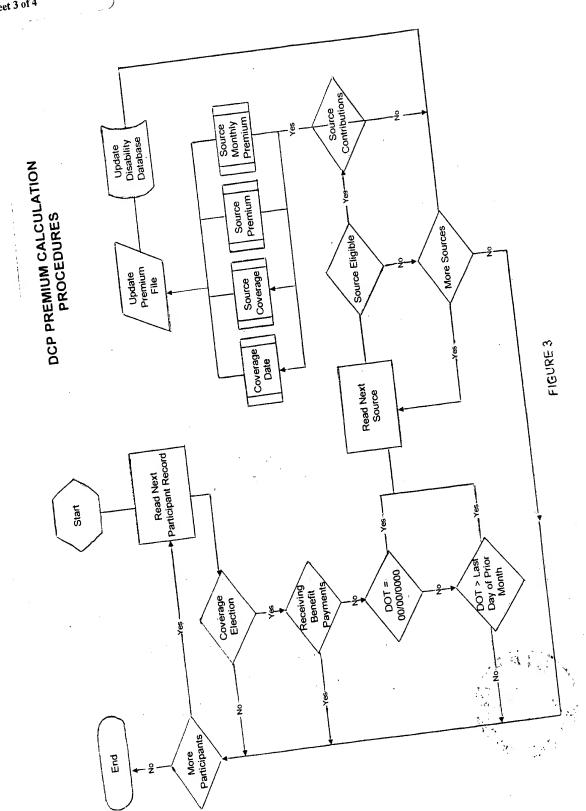
# DCP POSSIBLE MONTHLY WORKFLOW

	WORKFLOW	Di Lille A II II
Recordkeeping System	Month	Disability Application
Export Annual Disabilit	y File	Import Annual Disability File
Monthly Payments	1	Calculate Annual Premium Info
Import Premium File		Export Premium File
Annual Premium Trans	sfers	
Monthly Premiums	2	
Monthly Payments		Premium File Update
Monthly Premiums		
Monthly Payments	3	
		Premium File Update
Monthly Premiums		
Monthly Payments	4	·
		Premium File Update
Monthly Premiums		
Monthly Payments	5	
•		Premium File Update
Monthly Premiums		
Monthly Payments	6	
		Premium File Update
Monthly Premiums		
Monthly Payments	. 7	
		Premium File Update
Monthly Premiums	- 1	
Monthly Payments	8	
		Premium File Update
Monthly Premiums		
Monthly Payments	9	
		Premium File Update
Monthly Premiums		
Monthly Payments	10	
		Premium File Update
Monthly Premiums	* .	
Monthly Payments	11	
		Premium File Update
Monthly Premiums		
Monthly Payments	12	Year-End Archive
		Annual Reporting

Figure 2

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Attorney Name: Richard H. Zaitlen
Attorney Name: Docket No.: 18680-250518
Tel.. (313) 488-7100 Docket No.: 18680-250518
Sheet 3 of 4



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Attorney Name: Richard H. Zaitlen

Tel.: (213) 488-7100 Docket No.: 18680-250518

Sheet 4 of 4

## Figure 4

# TECHNICAL DESCRIPTION OF DCP PROCESSES

(System fields appear in bold)

# I. Annual determination of coverage dates and premiums

For each participant:

If Coverage Election = YES

And If Date of Termination = 00/00/0000 or Date of Termination > Current Effective Date

Then

For each source of money:

If Source Eligible for Coverage = YES

AndIF participant had source contributions

Then

Coverage Date = Current Effective Date

and

Source Coverage = Total prior year's source contributions (net of adjustments and corrections) and

Source Premium = Source Coverage x Insurance Rate

Source Monthly Premium = Source Premium / 12

Life-To-Date Source Coverage = Life-To-Date Source Coverage + Source Coverage

EndIF

EndIF

Next Source

EndIF

EndIF

Next Participant

Next participant

# Monthly disability payments

For each participant:

If Disability Payment Start Date < Current Date

Then

For each source:

If Source Coverage = 0

Then

Purchase funds in amount of monthly payment, according to investment elections

EndIf

Next source

EndIf

Next Particiapnt

### Year-End Archive

For each plan:

Add 1 to Effective Date year

For each participant:

For each source, where T = current year

Source Coverage  $^{T-1}$  = Source Coverage  $^{T}$  Source Premium  $^{T-1}$  = Premium  $^{T}$  Source Coverage  $^{T}$  = 0 Source Premium  $^{T}$  = 0

Next source

Next participant

Next plan

# II. Annual fund transfer to cover premiums

For each participant:

If Coverage Date = Current Effective Date

Then

For each source:

If Source Premium ≠ 0

Then

Sell eligible funds in amount of Source Premium and

Buy "Disability Premium" Fund in amount of Source Premium

EndIf

**Next Source** 

EndIF

Next participant

# III. Monthly sale to pay premiums

For each participant:

lf Date of Termination = 00/00/0000 or Date of Termination >= 1st day of current month

Then

For each source:

If Source Monthly Premium ≠ 0

Then

Sell "Disability Premium" fund in amount of Source Monthly Premium

EndIf

Next source

EndIf